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## APPLICANTS

Kenji Fukuta, Shunan, JAPAN;  
Kanji Sakata, Shunan, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2002-376702 12/26/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/05/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>				

## ADDRESS

35777

## TITLE

Medical instrument for transdermally administering ionic medicine

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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